

NAME OF THE HOSPITAL: \_\_\_\_\_

16) Annulus Aortic Ectasia With Valved Conduits

1. Name of the Procedure: Annulus Aortic Ectasia With Valved Conduits

2. Select the Indication:

a. Dyspnoea / fatigue: Yes/No

b. Chest pain Yes/No

c. Ascending aorta more than or equal to 5 cm: Yes/No

d. Marfan syndrome with dilated aorta with AR: Yes/No

e. Severe AR – in infective etiology: Yes/No

f. Traumatic rupture: Yes/No

g. Degenerative aortic disease with AR with bicuspid aortic valve: Yes/No  
(Upload 2D echo, angiogram)

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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